

*"From now on we are all obliged to inform patients that medication can be dependence forming, associated with significant withdrawal effects, and have limited actual benefits."*

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## Psychiatric medicine

A recent article in the *Guardian* claims that ADHD is undertreated and urges doctors to prescribe more psychoactive medication to our children.<sup>1</sup> I personally found the article to be deeply disappointing and superficial. Children do have issues with hyperactivity and inattention, just like children have specific issues with reading (as I did as a child), but these traits are so ubiquitous as to represent simply a spectrum of normality. We must support children with specific problems but labelling children for life and prescribing psychoactive medication at key developmental periods is just not supported by the evidence.<sup>2,3</sup>

But unfortunately modern psychiatry is wedded to a binary biochemical model of mental illness. It also needs medication to validate this model, and the profession, as ever, is blind to the malicious influence of Big Pharma money. Yet we need no validation of people's suffering. The question is only how we manage these problems. I believe in the benefit of talk-based treatments and behavioural interventions. For me, the current widespread use of psychoactive drugs is just plain wrong and doing real and lasting harm to society.

This perspective is supported by new research showing that SSRIs are associated with far higher rates and far worse withdrawal symptoms than previously reported.<sup>4</sup> Indeed, nearly 50% of patients experience severe withdrawal and this can often last for months, something GPs have observed for years. It is also important to remember that SSRIs simply don't work in the types of low mood we see in general practice.<sup>5,6</sup>

What actually happens when patients try to stop taking SSRIs is that they quickly develop rebound insomnia, anxiety, and vasomotor symptoms like tachycardia and sweating. Patients are concerned that these symptoms are a return of their depression, and many doctors make the same assumption. Patients struggle to function and so restart the medication. Patients are then 'dependent' on the medication and some may argue they are 'addicted', but this is merely semantics.

The fact is that 4 million people in England

are hooked on long-term antidepressants that many have taken for decades.<sup>7</sup>

Here are some hard truths. Doctors have prescribed antidepressants too widely, too freely, and for too long. We need a national debate, and a concerted national effort to reduce prescribing. NICE needs to get its act together and start challenging its own guidance. From now on we are all obliged to inform patients that medication can be dependence forming, associated with significant withdrawal effects, and have limited actual benefits.

There is much talk of mental health being a priority but it is mere lip-service tokenism. Because where is the resource? We need to embed mental health services in general practice. A specialist nurse in every practice would be a start and a ban on NHS psychiatrists having any contact with Big Pharma is another obvious measure. I would suggest additionally a simple intervention that we find effective — do not initiate an antidepressant at the first consultation.

Lastly, we don't need medication to validate the importance of mental health. However, much of modern psychiatric care involves giving bad medicine to millions.

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